



STATE OF ALASKA

(Rev. 3/03)

PLEASE TYPE OR PRINT - FILL OUT COMPLETELY

**BOATING ACCIDENT REPORT****CASE NO.**

The operator of a boat used for non-commercial purposes is required to file a report in writing whenever a boating accident results in loss of life or disappearance from a vessel, an injury which requires medical treatment beyond first aid, property damage in excess of \$500, or complete loss of the vessel. Federal law requires reports in death and injury cases must be submitted within 48 hours, and reports in other cases must be submitted within 10 days. Reports may be submitted either to any office of the State of Alaska, Dept. of Public Safety or by mail to: State of Alaska, Office of Boating Safety, 550 W. 7th Ave., Suite 1370, Anchorage, AK 99501. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (INDICATE THOSE NOT APPLICABLE BY "NA")

**ACCIDENT DATA**

DATE OF ACCIDENT	TIME AM PM	NAME OF BODY OF WATER	LOCATION (Give Location Precisely)
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		STATE
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		WATER CONDITIONS <input type="checkbox"/> Calm (Waves less than 6") <input type="checkbox"/> Choppy (Waves 6" to 2 feet) <input type="checkbox"/> Rough (Waves 2 feet to 6 feet) <input type="checkbox"/> Very Rough (Greater than 6 feet) <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air _____ °F Water _____ °F
		WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (Over 25 mph)	VISIBILITY DAY NIGHT <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>
NAME OF OPERATOR		DRIVER'S LICENSE NO.	OPERATOR ADDRESS
OPERATOR TELEPHONE NUMBER ( )	DATE OF BIRTH Mo Day Year	OPERATOR'S EXPERIENCE <input type="checkbox"/> None <input type="checkbox"/> Under 100 Hours <input type="checkbox"/> Over 100 Hours	INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Male <input type="checkbox"/> Female			
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ( )	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No

**BOAT NO. 1 (This Vessel)**

BOAT REGISTRATION OR DOCUMENTATION NUMBER	STATE	HULL IDENTIFICATION NUMBER	BOAT NAME
BOAT MANUFACTURER	LENGTH	MODEL	YEAR BUILT
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe / Kayak (circle) <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (specify)	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Other (specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-Sterndrive (I/O) <input type="checkbox"/> Airboat FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail PERSONAL FLOTATION DEVICES (PFDs): Was Boat Adequately equipped with Coast Guard Approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
OPERATION AT TIME OF ACCIDENT (Check all Applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Drifting <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Other (Specify)		ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> Fishing <input type="checkbox"/> Tournament <input type="checkbox"/> Hunting <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Waterskiing/Tubing/Etc. <input type="checkbox"/> Racing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Fueling <input type="checkbox"/> Starting Engine <input type="checkbox"/> Non-Recreational <input type="checkbox"/> Other (Specify)	TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Struck By Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify)
ESTIMATED SPEED <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> 21 - 40 MPH <input type="checkbox"/> Under 10 MPH <input type="checkbox"/> Over 40 MPH <input type="checkbox"/> None		NUMBER OF ENGINES TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No USED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		WHAT CONTRIBUTED TO ACCIDENT (Check all Applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol Use <input type="checkbox"/> drug Use <input type="checkbox"/> Hull Failure <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Congested Waters <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Other (Specify)	

(COMPLETE OTHER SIDE)

**DECEASED (If More Than 2 Fatalities, Attach Additional Forms)**

NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEATH CAUSED BY?	<input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	
NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEATH CAUSED BY?	<input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	

**INJURED (If More Than 2 Injuries, Attach Additional Forms)**

NAME OF VICTIM		ADDRESS OF VICTIM		
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY		
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AS A RESULT OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF VICTIM		ADDRESS OF VICTIM		
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY		
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AS A RESULT OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**OTHER PEOPLE ABOARD THIS BOAT (If More Than 2 People, Attached Additional Forms)**

NAME		ADDRESS			
DATE OF BIRTH	WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME		ADDRESS			
DATE OF BIRTH	WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**BOAT NO. 2 (If More Than 2 People, Attach Additional Forms)**

NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ( )		BOAT REGISTRATION OR DOCUMENTATION NUMBER STATE	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ( )			

**PROPERTY DAMAGE**

ESTIMATED AMOUNT:	THIS BOAT AND CONTENTS	OTHER BOAT(S) AND CONTENTS:	OTHER PROPERTY:
	\$	\$	\$

**ACCIDENT DESCRIPTION:** Please describe the sequence of events, using additional sheets as necessary. Include any information regarding the the use of PFDs, the failure of equipment, and the involvement of alcohol and / or drugs in causing or contributing to the accident. Attach any diagrams.

**WITNESSES NOT ON THIS VESSEL**

NAME	ADDRESS	TELEPHONE NUMBER ( )
NAME	ADDRESS	TELEPHONE NUMBER ( )

**PERSON COMPLETING REPORT**

NAME	ADDRESS	TELEPHONE NUMBER ( )
SIGNATURE	QUALIFICATION <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER	DATE SUBMITTED

**FOR AGENCY USE ONLY**

CAUSES BASED ON (Check One): <input type="checkbox"/> This Report <input type="checkbox"/> Investigation <input type="checkbox"/> Investigation and This Report <input type="checkbox"/> Other			
NAME OF REVIEWING OFFICE		DATE RECEIVED	
		<input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-REPORTABLE	
PRIMARY CAUSE		SECONDARY CAUSE	